

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029956

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 16Primary Registration District No. 5076Registrar's No. 5

FILED SEP 12 1962

## 1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Richland Twsp.

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Polk

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Humansville

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

7 Miles S. Lamar, Mo.

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LESTER

WAYNE

SHOEMAKER

4. DATE  
OF  
DEATH

Month

Day

Year

Sep. 3, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-4-1939

## 9. AGE (last birthday)

23

## IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Partsman

## 10b. KIND OF BUSINESS OR INDUSTRY

Ford Agency

## 11. BIRTHPLACE (City and state or country)

Everton, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles E. Shoemaker

## 13b. MOTHER'S MAIDEN NAME

Celsa Crissinger

## 14. NAME OF HUSBAND OR WIFE

Ella C. Shoemaker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

1959

## 17. INFORMANT

Address

Mrs. Ella C. Shoemaker, Humansville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

FRACTURE of SKULL

INTERVAL BETWEEN  
ONSET AND DEATH

1 minute

## DUE TO (b)

TRAUMA

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Fractures of Pelvis, Femurs, arms. Internal injuries. Contusions &amp; bruises. Generalized

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car-train wreck

20c. TIME OF  
INJURY  
Hour  
p.m.

9-3-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

State highway #126

## 20f. CITY, TOWN OR LOCATION

Humansville  
LAMAR

## COUNTY

BARTON

## STATE

Mo.

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ 12:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title) CORONER

Thomas G. Small MD Barton County, Missouri

## 22b. ADDRESS

1204 Gulf Street  
LAMAR, Missouri

## 22c. DATE SIGNED

9-4-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 6, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Evergreen

## 23d. LOCATION (City, town, or county)

Republic, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Konantz Funeral Home, Lamar, Missouri

## 25. DATE RECD. BY LOCAL REG.

Sept. 4 1962

## 26. REGISTRAR'S SIGNATURE

Hazel A. Pugh

SEP 13 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision. ☒

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.